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(For Office use only)



UACI SEEDS & BIOTECH PRIVATE LIMITED
(Formerly Swarna Seeds)

20, Park Side Road, Rajeswari Niwas, 3rd Floor, Kolkata - 700026, West Bengal, India
Contact No. (033) 24649581, E Mail: uaciseedsandbiotech@universalagri.in,
Website: www.universalagri.net

APPLICATION FOR DISTRIBUTORSHIP

Part A: Basic Information of Applicant

1) Name of the Organization* SAKSHI TRADERS

2) Full Postal Address for correspondence*

Type of Location: Office Shop Godown Residence

Street Name BALAJIPUR ROAD YUSUFIPUR GHAZI PUR

P.O. _____ District GHAZI PUR

State UTTAR PRADESH PIN Code _____

3) Nature of the Entity*: Sole Proprietorship Partnership Private Limited Co.
Cooperative/ Society Others (Specify) _____

4) Name of Representative*: Proprietor / Managing Partner / Director / Authorised Signatory

5) Telephone No:

Office /Shop Landline: (STD Code) _____

Residence Landline: (STD Code) _____

Mobile*: +91 99118903021 WhatsApp Mobile: +91 99115806566

Email ID*: _____

6) Preferred mode of communication: Email SMS Whatsapp

7) Income Tax Permanent Account No*: AATHPG64056

8) Is the applicant registered under GST*: Yes / No

9) If yes, is the applicant registered under Composite Scheme of GST: Yes No

10) GST No 09AATHPG640561ZE

11) Seeds Licence No* 2088

Valid Up to* 26/06/2026 Issued By _____

Signature and Photograph of Person Authorized to Represent the Applicant



Name* PRITYANA GUPTA

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Signature*
M/s Sakshi Traders
(Handwritten Signature)

Date: 18/09/2021

Proprietor

Part B: Business Background of Applicant

12) Year of Establishment: 2005

13) Number of years for which you are dealing in Seeds: 2005

14) Are you a Distributor of any other company dealing in Field Crops*: Yes / No

15) If yes, please share the following details on your business with these companies:

Company Name	Vintage of Relationship (In years)	Key Products Sold Last Year	Approximate Turnover Last Year

16) Are you a Distributor of any other company dealing in Vegetables*: Yes / No

17) If yes, please share the following details on your business with these companies:

Company Name	Vintage of Relationship (In years)	Key Products Sold Last Year	Approximate Turnover Last Year

18) Details of important markets/ regions in your area:

Name of the Market/ Region	Your approx. turnover from the market/ region	No. of your Retailers at the market/ region	Name of key Retailers
			1. 2. 3.
			1. 2. 3.
			1. 2. 3.

19) Are you involved in any other businesses related to agriculture*? Yes / No
 If yes, please share if you are dealing in
 Fertilizers as Distributor of _____
 Pesticides as Distributor of _____
 Others (specify) _____

20) Are you involved in any other businesses **NOT** related to agriculture*? Yes / No
 If yes, please share broad overview of the nature of business _____

Part C: Market In

Field Crops are primarily cultivated in the

Key Variety	Type	Key
Improved / HYV		
Improved / HYV		
Hybrid		
Hybrid		
Type		
Type		
Type		

Part C: Market Intelligence & Sales Plan

Which Field Crops are primarily cultivated in this area?

Type	Key Variety	Key Companies Offering Them	Approx. Volume (In MT)
Improved / HYV			
Improved / HYV			
Improved / HYV			
Hybrid			
Hybrid			
Hybrid			
Wheat			Approx. Volume (In MT)
Type	Key Variety	Key Companies Offering Them	Approx. Volume (In MT)
Mustard			Approx. Volume (In MT)
Type	Key Variety	Key Companies Offering Them	Approx. Volume (In MT)
Maize			Approx. Volume (In MT)
Type	Key Variety	Key Companies Offering Them	Approx. Volume (In MT)

22) What are the important Vegetable crops cultivated in this area?

Crops	Key Variety	Key Brands	Approx. Volume (In MT)

23) Which are main companies operating in this area?

Company Name	Key products	Approx. Turnover	Sales Team Size	Mode of work

24) What is your sales plan for our products in coming years*?

Name of the Product	Quantity (MT)	
	Year 1	Year 2
Field Crop MTU-7029 / BPT-5204	20 mt	40 mt
Field Crop Wheat	30 mt	45 mt
Field Crop		
Field Crop		
Vegetable		
Vegetable		
Vegetable		

25) What is the area for which you seek our Distributorship (Area of Operation)*?

All Chazipat

26) Name your preferred Transporter / Courier*

New Bharat, Upkar - DTDC

27) Please share if you have any suggestions to improve business

15. The Distributor paying through cheque must ensure that the cheque issued by him is drawn on the bank on whom the cheque is drawn, dishonors the cheque for reasons other than the company will levy a cheque Dishonor charge on the Distributor without prejudice to the recourse for such dishonor
16. The company will provide a standard credit period of 60 days from the date of the invoice. Cash Discounts for paying dues within 60 days, the details of which are usually provided in the Schemes applicable for the period. Dues remaining unpaid above 180 days will be considered as overdue and the company may levy interest on Overdue payments
17. The company will generally not accept any Sales Return unless the material supplied by the Distributor for select products, the company allows Sales Return within certain limits and under the details of which are available in the yearly Sales Return policy. The Distributor is required to follow this policy for matters relating to Sales Return and obtain prior approval from the responsible authority for dispatching material. The company will not provide any credit for material returned in violation of its policy
18. The Distributor is required not to enter into any financial transactions with any member of the sales team in the form of material or funds. All such transactions will be considered as personal and unauthorized and the company will not be liable for the outcome of such transactions
19. The Distributor will not handover any material to any member of the sales team without specific written approval issued by the Head Office of the company
20. The Distributor is required to maintain the integrity of the packaging in which the products are supplied by the company at all times and is required not to tamper with the packets, designs, logos and trademarks of the company in any way. Any unauthorized use of the company's designs, logos and trademarks will be counted as infringement of the intellectual property rights of the company
21. The Distributor is required to comply with all requirements of GST as applicable to him, related to periodic Return, Credit Notes and others with respect to its transactions with the company. Further, the Distributor may be required to share with the company, upon request, documents supporting compliance of such requirements of GST
22. The company will share with the Distributor, an Account Statement at the end of every 6 months either on the registered email or through any other preferred mode of communication. However, the Distributor can ask for his updated account statement at any time by sending email at customer-care@universalagri.in or by calling the Customer Care Helpline at +91 8336829400
23. The company will share with the Distributor, a Confirmation of Accounts at the end of each financial year either on the registered email or through any other preferred modes of communication. The Distributor is required to review the account statement and reconcile the balance on the statement with the balance in his books of accounts. Upon completion of review, the Distributor will be required to sign and seal on the Confirmation and hand it over to the company
24. In addition to these, the company may from time to time issue communications on these and/ or other business policies which may, from the date of such communication, supersede any business practices or policies previously followed by the company including but not limited to the ones mentioned above
25. Disputes, if any, will be subject to the jurisdiction of the courts of Kolkata, West Bengal

I, Amitesh Patra (Name of Representative) acting on behalf of Priyanka Gupta (Name of Distributor)

I have read, understood and agreed to all the terms and conditions of business
 All information provided in this form as well as in the enclosed documents, if any, are provided by me and are true to the best of my knowledge and understanding

Priyanka Gupta
 (Signature of Representative of Distributor)

M/s. Sakshi Traders
 Proprietor
 (Stamp of Distributor)

 (Signature of Company Official)

Form for Sales Team Member Opening Distributorship Form

1	4 Mandatory fields on Page 1 filled up
2	3 Mandatory fields on Page 2 filled up
3	6 Mandatory fields on Page 3 filled up
4	4 Mandatory fields on Page 4 filled up
5	Signature of representative
6	Photograph of representative
7	Signature of representative

Supporting Documents

ID Proof (Aadhaar Card)

Signed copy

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Type of L

Street N

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3)

Particulars	Yes	No
Normal Use		
Form for Sales Team Member Opening Distributorship		
Distributorship Form		
11 Mandatory fields on Page 1 filled up		
4 Mandatory fields on Page 2 filled up		
3 Mandatory fields on Page 3 filled up		
6 Mandatory fields on Page 4 filled up		
4 Mandatory fields on Page 6 filled up		
Signature of representative affixed on Page 1		
Photograph of representative affixed on Page 1		
Signature of representative affixed on Page 2		
Supporting Documents		
ID Proof (Aadhaar Card/ Passport/ Driving License)		
Name on ID proof tallies with PAN		
Signed and stamped		
Signed copy of Address Proof (Aadhaar Card/ Passport)		
Name on address proof tallies with ID Proof		
Address on address proof tallies with PAN / License		
Signed and stamped		
Signed copy of PAN		
Name on PAN tallies with ID proof		
Signed and stamped		
Signed copy of GST Certificate (if applicable)		
Name on Certificate tallies with ID Proof		
Signed and stamped		
Signed copy of Seed License		
Name on license tallies with ID Proof		
License is valid on the date of form		
If not, proof of application for renewal has been collected		
Signed and stamped		
Statement of primary bank account(s) of business		
Name on account tallies with ID Proof		
Period is for last 3 months		
Primary bank account of business with significant transactions		
Signed and stamped		
Bank Cheques		
3 cheques		
Not of any cooperative banks		
Contains valid signature of representative and stamp		
Contains no date		
Is not crossed		
Security Deposit has been collected		
Effect on Existing Network		
Name of the nearest distributors (can be more than 1)		
Distance from the nearest distributors		

Approved By: Name of Company Official	Signature of Company Official